

Chairman, in coöperation with the Section officers—are of a nature to amply repay attendance. The list of speakers and authors, with abstracts of the topics to be presented and discussed, will appear in the April issue of CALIFORNIA AND WESTERN MEDICINE.

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**House of Delegates Will Have Important Work.**—The House of Delegates will meet on Sunday, and again on Monday. This year, problems of unusual importance will come before the House for consideration and possible solution. Every delegate is under heavy responsibility to attend the meetings and be a party to the decisions that must be rendered on certain matters having a direct bearing on medical practice not only in California, but possibly in other States of the Union.

County societies and delegates are reminded that resolutions in contemplation for submittal to the House must be in typewritten, triplicate form. This is a small item, in one sense, but on important issues may become one of major importance to the members of Reference Committees, as regards both conservation of their time, and a clear understanding of the issues presented.

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**Transportation Reservations.**—Because of demands upon the transportation facilities in California, incident to the large amount of military travel that has priority rights, members will find it difficult to secure train and airship accommodations as satisfactory as those of the past. All who have in mind to attend, therefore, should place their requests for travel facilities with their local agents at the earliest available dates.

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**Hotel Accommodations.**—Today, the Biltmore of Los Angeles is the only California hotel in position to provide meeting places for the sixteen groups, all of which on Monday afternoon are in session (House of Delegates, Council, thirteen scientific sections, and Woman's Auxiliary).

It should be understood by members that the regular and transient facilities of the Hotel Biltmore are daily taxed to the utmost. Physicians who plan to attend, and who are not resident in Los Angeles, will be called upon, therefore, to share their rooms with colleagues. In other words, a willingness to have two in a room will offer a far better chance for a reservation than a request for a single room. Members should arrange accordingly, preferably with mutual friends, and as far in advance as possible.

In spite of such rationing handicaps, it is believed that the 1944 session will measure up to the successful meetings of former years. The Los Angeles County Medical Association will be the official host, and its members extend a cordial invitation to all who can arrange their schedules to attend the seventy-third annual session of the California Medical Association.

## ON FEDERAL LEGISLATION: WAGNER BILL (S. 1161); CHILDREN'S BUREAU MATERNITY-PEDIATRIC PROGRAM; AGRICULTURAL WORKERS' HEALTH AND MEDICAL ASSOCIATION

**Need of Continued Reference to Proposed Laws.**—Recent issues of CALIFORNIA AND WESTERN MEDICINE have carried many articles dealing with the three activities named in the above major caption. Attention is again directed to these, because many physicians—necessarily very busy today in civilian practice, due to the absence of hundreds of colleagues in military service—seemingly have little time or inclination to keep themselves abreast of legislative trends that may radically change the system of medical practice under which they are working. If too large a number of doctors remain indifferent to certain changes of thought, now amply evident among both lay citizens and legislators, the profession may find itself confronted, in the not distant future, with a rude awakening!

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**Who Are the Proponents of Antagonistic Laws?**—The attacks against standards of medical practice now in operation—against procedures that have justified themselves through years of experience and results—come not primarily from within the profession, but from nonprofessional groups outside; and it is important that the extent and quality of this opposition be appreciated. The menace from these reformer-antagonists is due in part to this: that while some of them are obsessed with the holiness of their self-exploited crusade to revamp medical practice, others among them have keen brains and also governmental, foundation, or other resources permitting them to carry on their propaganda in successful manner in the press, over the radio, and on lecture platforms.

If these manifestations of antagonism to the medical profession and practice were something altogether new or very recent, the activities need be watched with only casual interest by physicians. Unfortunately, the antagonistic movement has acquired considerable stability and momentum, and, in places, wide acceptance. Many physicians are still reluctant to acknowledge the seriousness of what has been and is taking place regarding the reaction of the public and its skepticism toward the existing system of medical practice, or to note the willingness of citizens to accept the glowing vistas of prospective set-ups of medical care put forth by the proponents of the new order, and which are claimed would be a desirable substitute for the system of free enterprise in medicine that has been such a potent influence in giving our country the best public health record of any civilized nation.

Many officers of constituent state medical associations and component county societies are quite alert to these changes of thinking on the part of hundreds of thousands of lay citizens, and appreciate the impending perils to scientific medicine and the public health, but the same cannot be stated as regards the majority of physicians who are engaged in civilian practice.

**Physicians Must Discard Their Apathetic Attitude.**—Today, with their large amount of extra work and income, physicians are showing less interest in these important problems in medical practice than would be the case in less prosperous, or depression periods. From accounts that trickle in, it would appear that military colleagues in hospital stations of camps located in the United States are discussing these revolutionary proposals concerning adequate medical care with much more interest and discernment than are their civilian colleagues; upon whom, by the way, they must rely to protect their interests while they are in the Army or Navy. Civilian physicians must not let these military colleagues down!

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**Regimented and Socialized Medicine Means Medicine of Poorer Quality.**—Until physicians generally begin to sense the seriousness of the menace to the *quality* of medical service—and the *quality* of service is certain to be depreciated in most communities if the regimented procedures that are a part of the plans of nonprofessional reformers are brought to fruition—the medical press cannot do other than emphasize repeatedly the significance and implications of certain proposed legislation that is already under serious consideration by many State and National legislators.

To put it otherwise, within ourselves, we must carry on a campaign of education that will promote all that is good in our present system of medical practice, so that we may be in better position to counteract or offset the propaganda efforts put forth by our antagonists. Not only should we aspire to measure up to good standards as individual physicians, but, collectively, we should be equally ambitious to do all within our power to battle for those procedures that experience has shown will best conserve the public health.

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**Application of the Above to the Wagner Bill (S. 1161); Children's Bureau Maternity-Pediatric Program; and Agricultural Workers' Health and Medical Association.**—With the above thoughts as a foreword, comment may now be briefly made on the three legislative items to which considerable space has been given in recent issues of the OFFICIAL JOURNAL.

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#### I. Wagner-Murray-Dingell Bill (S. 1161; H. R. 2861)

It is heartening to be able to express the opinion that concerning the much discussed S. 1161, sponsored by Senators Wagner and Murray, and its companion measure, H. R. 2861, introduced by Congressman Dingell, present information indicates that it will not go on to passage *during the present session* of the U. S. Congress. However, the agitation for its passage, nevertheless, will surely be carried on more vigorously than ever by its proponents and endorsers. Members of the profession who are inclined to believe that the menace of the Wagner-Murray-Dingell bill, or a substi-

tute measure, is being overemphasized or exaggerated, should remember that any proposed legislation that has the active endorsement of organized labor—of A. F. of L. and C. I. O.—has support that represents a large number of voters, and cannot lightly be brushed aside. For, today, organized labor exerts all possible influence to induce members of Congress to favor measures sponsored by its leaders. And S. 1161 is a proposed law that already has received the approval of organized labor.

In order to emphasize this fact, in this issue of CALIFORNIA AND WESTERN MEDICINE, in the department of the California Medical Association Committee on Public Policy and Legislation, considerable space is given to *articles in favor of S. 1161, taken from labor publications in California*. Physicians, therefore, who wish to orient themselves concerning the arguments advanced by supporters of the Wagner-Murray-Dingell bill should scan these articles which appear on page 112.

No apology is made for thus stating the reasons of those who are opposed to the medical profession on these issues. For, if we would know how best to meet the arguments of the opposition, as these will be presented to the jury—in this instance, to the voters of the Nation—we should learn, in advance if possible, what the proponents of the legislation are thinking and saying, that thus we may acquaint ourselves with both the merits and demerits of their contentions. To many members of the Association, the perusal of the statements favorable to S. 1161 should be thought-stimulating. It will be worth while to scan the items!

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#### II. E. M. I. C.-Maternity-Pediatric Program of the Federal Children's Bureau

The Council of the California Medical Association has made no changes in the policy it has outlined in the past concerning E. M. I. C. (Emergency Maternity Infant Care). Physicians are giving indicated maternity and pediatric service to the wives and infants of enlisted men, according to their best individual or collective judgment, all operating through the constituted authorities—which, in California, are the State Board of Public Health and the local health officials.

In the next issue of CALIFORNIA AND WESTERN MEDICINE will appear a report from the Bureau of Child Welfare of the State Board of Health, sent to us at our request, that will give interesting information on the official experience to date. Because of lack of space, it is here omitted.

In last month's issue, mention was made of the estimated administrative expense—some \$85,000— which the treasury of California has been called upon to expend in carrying on the E. M. I. C. program. The information first furnished us and printed may have given an erroneous impression, since, while the financial needs are met from the California treasury, most of the funds so used are grants-in-aid from Federal sources.

The California Medical Association Council has authorized an Association member to go on to

Washington to appear and state our case before the subcommittee of Congress when the next deficiency bill comes up for consideration. If such a visit is made, the results will be announced later.

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### III. Agricultural Workers' Health and Medical Association

The efforts made by California Medical Association President Schaupp, to have proposed legislation dealing with the health and medical care of needy agricultural workers of the migratory group amended to conserve health standards and procedures, have been outlined in previous issues of the OFFICIAL JOURNAL. It is gratifying to be able to report that excellent support to our Association's requests was given by Senators Johnson and Downey, and all the Congressmen from California, when they were asked to aid in maintaining the good health work that had been inaugurated.

From Congressman Clarence F. Lea has been received a copy of Public Law 229 (H. J. 208), signed by President Roosevelt on February 14, in which most of the safeguarding provisions advocated for our Association by Doctor Schaupp's Special Committee have been incorporated.

The experience with this measure revealed the willingness of our national legislative representatives to cooperate with us, once the merits of our contentions had been properly explained; showing again the need and value of proper mutual understanding, if legislative objectives are to be realized.

## EDITORIAL COMMENT†

### "BLOCKADE" SCURVY

A new theory of vitamin deficiency of wide clinical implication is suggested by Woolley and his co-workers<sup>1</sup> of the Rockefeller Institute, the production of a scurvy-like condition in adequately fed mice due to "blockade" by a chemical homolog of ascorbic acid. Of even greater interest is their demonstration that various natural foods contain a specific antidote for this "blockade" scurvy.

Inhibition of the action of certain vitamins by closely related homologs was first demonstrated by Woods<sup>2</sup> and McIlwain<sup>3</sup> of Middlesex Hospital, London. They found that certain compounds closely related to growth-promoting water-soluble vitamins are bacteriostatic, due presumably to a nonreversible chemical union with vitamin-receptors of the bacterial cells. Woolley and his colleagues found an apparently similar blockade effect in mice and rats on oral administration of a homolog of ascorbic acid. This homolog, "gluco-ascorbic acid," bears the same structural relationship to glucose that ascorbic acid does to xylose.

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

When 5 per cent of this homolog is added to a fully adequate, highly purified basic diet, growth is inhibited in both cotton rats and mice, followed by diarrhea, rapid loss of weight, and subcutaneous hemorrhages, death usually occurring within three weeks. These are the characteristic symptoms of lethal ascorbic acid deficiency in animal species incapable of synthesizing vitamin C. Oral administration of the homolog, therefore, apparently leads to a complete suppression of ascorbic acid metabolism. Oral or subcutaneous administration of ascorbic acid would not prevent or cure the scurvy-like syndrome.

Woolley's most important findings, however, resulted from his attempts to reproduce the same scurvy-like condition in rats and mice fed a mixture of natural foods instead of the highly purified basic diet of their earlier experiments. Even when as much as 10 per cent gluco-ascorbic acid was added to their stock mixture of yellow corn meal, milk powder, casein, linseed oil meal, alfalfa leaf meal, bone ash and sodium chloride, no scurvy-like conditions developed, the only effect being a slight diminution in growth rate. From this they concluded that there is something in natural foods that antagonizes the toxic action or blockading effect of gluco-ascorbic acid.

Various plant materials were assayed for this antidote by adding them to the purified basal ration plus 5 per cent gluco-ascorbic acid. Dehydrated young grass ("cerophyl") was found to be the plant material of highest prophylactic or therapeutic value. Fresh cabbage was but slightly less effective. The curative factor in these foods is not destroyed by cooking.

The suggested theory of homolog blockade of essential vitamins and anti-blockade therapy is of wide clinical implications. Other explanations for the observed phenomena, however, are, of course, possible.

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### REFERENCES

1. Woolley, D. W., and Krampitz, L. O.: Jour. Exp. Med., 78: 333 (Nov.), 1943.
2. Woods, D. D.: Brit. Jour. Exp. Path., 21: 74, 1940.
3. McIlwain, H.: Brit. Jour. Exp. Path., 21: 136, 1940.

### MEDICAL EPONYM

#### Wintrich's Phenomenon

This is described by M. Anton Wintrich (1812-1882) in the section "Krankheiten der Respirationsorgane [Diseases of the Organs of Respiration]," in the first section of the fifth volume of Virchow's *Handbuch der speciellen Pathologie und Therapie* (Erlangen, 1854). A portion of the translation follows:

"The change in pitch of the tympanitic note over superficially situated cavities, connected via the bronchi with the trachea, larynx, mouth, and so forth, by a continuous column of air, is a very pretty phenomenon. If the patient closes his mouth or swallows, thus narrowing or closing the opening of the larynx by lowering the epiglottis, the tympanitic note immediately becomes fainter . . . and deeper, and vice versa [when he opens his mouth]."—R. W. B., in *New England Journal of Medicine*.